

pharmacy in our home State in Coos Bay or Beaverton or Pendleton or some part of our home State, ends up, in effect, paying a premium because the big buyers are able to negotiate discounts.

It is critical that seniors be in a position to get more affordable private insurance for their prescription medicine.

Under the Snowe-Wyden legislation for seniors on a modest income, other than a copayment or deductible, the legislation would pick up the entire part of that senior's insurance premium that covers prescription drugs.

That is something that will help that frail older person. It is not going to be the Internet that is going to be a panacea for that older person but legislation that helps that elderly widow or retired gentleman afford private insurance coverage is something that will be of help to them. That is what the Snowe-Wyden legislation is all about.

Tonight, I want to read from a few letters I have received in the last couple of days. And I will continue in the days ahead as the Senate wraps up—we hope it won't be too many more days ahead—to bring these kinds of cases to the floor of the Senate in an effort to try to see the Senate come together in a bipartisan way and provide some relief for older people.

One elderly couple, for example, wrote me about their medical situation, reporting that both had recently had heart surgery and one of them, in addition, had a stroke. They are taking blood-thinner drugs. They are taking important cholesterol-lowering drugs—Lipitor—and drugs for lowering blood pressure. They are breaking that particular medicine in half because they cannot afford their prescriptions, and then they are taking a drug which serves as an antidepressant.

This couple has a combined income of around \$1,500 a month. For the month of October alone, they spent \$888 on just the drugs I mentioned. Over half of their monthly income is going for prescription medicine.

I don't believe there is going to be relief for that elderly couple over the Internet. They are not going to be able to deal with that financial predicament where they spend over half of their monthly income on prescription medicine through some "www" opportunity on the Internet. They are going to need decent insurance coverage.

That is what the bipartisan Snowe-Wyden legislation tries to provide.

The second case I would like to touch on tonight comes from our home State. An elderly woman wrote me to report that in recent days she spent more than \$800 on her prescription medicine. She writes: "I'm on a fixed income. It's just getting harder and harder. Medicare help with prescriptions is a real need."

Finally, a third letter that I think sums up the kind of predicament that a lot of seniors in our State are facing comes from Beaverton where an elderly couple is trying to make ends meet es-

sentially with just Social Security and a little bit of help from family.

When they are finished paying for their prescription drugs—this is an elderly couple in Beaverton, OR, in our home State—they have \$107.40 left over to live for the month.

Just think about that. It is not an isolated kind of case. Think about what it has to be like for an older couple to have \$107 left over for living after they have paid for their prescription medicine.

In the last sentence, this particular elderly woman just asked a question: "Can you help?"

I think that really sums it up.

I think the American people want to see if the Senate, instead of the usual tired routine of bickering and arguing and inaction, will produce a bipartisan plan to provide real relief.

What I find so striking, and why I am so proud to have teamed up with the Republican Senator from Maine on this bipartisan issue, is that when I am asked at home—I had a town meeting a couple of days ago on the Oregon coast. And the President often has the same kind of community session. I was asked about whether the Nation can afford to cover prescription medicine.

My answer is, if you are reading these bills, that America cannot afford not to cover prescription medicine because these drugs, as in the case I described initially, are drugs that keep people well. They help people deal with blood pressure. They help people deal with cholesterol. These are drugs to help keep people healthy. If you keep them healthy, they don't land in the hospital where they rack up those huge charges for Part A of Medicare. I cited repeatedly these anticoagulant medicines.

Evidence shows that for perhaps \$1,000 a year, seniors could get a comprehensive program of anticoagulant medicines that can help prevent strokes. We have seen again and again that if you can't get this kind of preventive medical help and you incur a stroke, it costs more than \$100,000 to pick up the cost.

That is really the choice, it seems to me, for the Senate. I think the Presiding Officer of the Senate and I have shown in our home States that it is possible on a whole host of issues, frankly, issues that a lot of people think are more divisive than even prescription medicine, to come together in a bipartisan way. I am hopeful the Senate can show that as well. We have seen one poll after another demonstrating that the American people want Congress to provide real relief.

In the last couple of weeks, I have seen several polls which indicate that helping frail and vulnerable seniors with prescription drug coverage through Medicare is one of the top two or three concerns for this country.

Instead of these articles that we are seeing coming out of Time magazine and New York Times and others saying we probably won't be finished, and

there won't be an effective answer, I would like to see the Senate show we can really follow through and produce for the older people of this country.

In the days left of this session—we all hope there won't be many more—until we get comprehensive bipartisan legislation that provides the elderly real relief, I intend to keep coming to the floor of the Senate to talk about this issue.

I hope folks who are listening tonight will send in copies of their prescription drug bills.

This poster says it all: "Send in your prescription drug bills." Send them to each of us in the Senate in Washington D.C.

I can tell you the bills that are coming into my office—they are really coming in now as a result of our taking the opportunity to discuss this issue on the floor of the Senate—say that this is an urgent need.

There are people who write who are conservative. There are people who write who are liberals, Democrats, Republicans, and independents, and all across the political spectrum who say: Get the job done. We are not interested in the traditional bickering and fighting about who gets credit, whose turf is being invaded, and which particular parochial kind of issue is being placed ahead of the national wellbeing.

This Nation's seniors and this Nation's families want us to come together and deal with this issue.

I intend to come back on the floor of the Senate again and again until the Senate does.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama.

#### MORNING BUSINESS

Mr. SESSIONS. Mr. President, I ask unanimous consent that there be a period for the transaction of morning business with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### TRIBUTE TO KJAM IN CELEBRATION OF ITS 40TH YEAR OF BROADCASTING

Mr. DASCHLE. Mr. President, I would like to take this opportunity to acknowledge the 40th year of broadcasting for radio station KJAM-FM, serving Madison, South Dakota and area communities. KJAM Radio first aired on December 3rd, 1959, and this December 3rd, the staff and friends of the radio station will be celebrating this remarkable feat in radio broadcasting with a well-deserved anniversary party.

Small town, locally owned radio stations like KJAM are one of rural America's unique cultural contributions to our nation. They mirror the strong values of the small towns they serve. KJAM has served Madison well, and I would like to commend the employees